

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000825

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

77
FILED FEB 4 1963

3016

43

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still Hospital		d. STREET ADDRESS (If outside, give location) 905 Madison	
3. NAME OF DECEASED (Type or print) First Helena Middle - Last Hake		4. DATE OF DEATH Month January Day 29 Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/31/90
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11. BIRTHPLACE (City and state or country) Wardsville, Cole, Mo.	
13a. FATHER'S NAME Henry Prenger		13b. MOTHER'S MAIDEN NAME Anna Kolb	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		17. INFORMANT Address Henry G. Hake, 905 Madison	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Status asthmaticus DUE TO (b) Bronchial Asthma DUE TO (c) arteriosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)		PART III. If deceased was female was there a pregnancy in last 90 days: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 1 a.m. 2 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY Missouri STATE Missouri
21. I attended the deceased from JAN 1 63 to JAN 29 and last saw her alive on JAN 29-63 Death occurred at about 1 PM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Eugene E. Hake (Degree or title)		22b. ADDRESS Jefferson City, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Feb. 1, 1963	
23c. NAME OF CEMETERY OR CREMATOR St. Cecilia		23d. LOCATION (City, town, or county) Meta, Missouri	
24. FUNERAL DIRECTOR ADDRESS Freeman Mortuary, Jefferson City, Mo.		25. DATE READ BY LOCAL REG. 31 January 1963	
26. REGISTRAR'S SIGNATURE R. D. Davis, M.D. - R. Richter, Dep			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

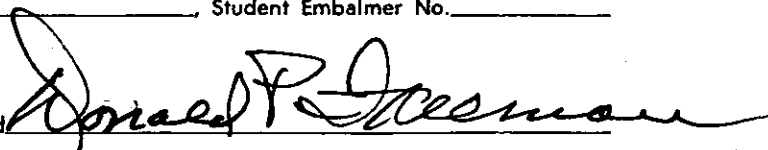
VS 300
Rev. 4/59
1 0269
2 0269-
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4 1
5 1
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7 0
8 0
9 241X
10
11
12 1-2
13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed



Licensed Embalmer No. 4623

P. O. Address Jefferson City, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.